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ECONOMIC, SOCIAL AND CULTURAL RIGHTS

PREVENTION OF DISCRIMINATION

OTHER HUMAN RIGHTS ISSUES

Report submitted by the United Nations Population Fund*

Introduction

1. The present report submitted by the United Nations Population Fund (UNFPA) to the fifty-fourth session of the Sub-Commission for the Promotion and Protection of Human Rights contains general information on UNFPA activities related to human rights, as well as specific points on issues of relevance to items 4, 5 and 6 of the provisional agenda. UNFPA is working for the promotion and protection of fundamental rights in a number of areas through technical assistance in policy and programming and advocacy.

2. The purpose of the report is to draw the Sub-Commission's attention to a number of the Fund's activities, to inform its considerations and to facilitate its work. UNFPA hopes that the report will be a valuable tool for the members of the Sub-Commission, observers and non-governmental organizations, serving as a source of information as well as a reference guide.

* Reproduced in the annex as received, in the language of submission only.

Annex

GENERAL INFORMATION

As the lead agency in the implementation of the International Conference on Population and Development (ICPD) Programme of Action, UNFPA is committed to developing national capacities to integrate reproductive health, population and gender into policy formulation and development planning, and the effective design and implementation of reproductive health programmes. Capacity building is one of the four principal Multi-Year Funding Framework (MYFF) strategies adopted by UNFPA to help its programme countries meet their population and development objectives. The growing trend towards country-led development frameworks and mechanisms, including the United Nations Development Assistance Framework (UNDAF), Poverty Reduction Strategy Papers (PRSPs) and the System-wide Approaches (SWaps), places more emphasis than ever before on building national capacity for policy and programme formulation and implementation. Sectoral reforms, including the decentralization of services and decision making, require intensive capacity building at all levels. In 1998, General Assembly resolution 53/192 affirmed that "capacity building and its sustainability should be explicitly articulated as a goal of technical assistance provided by the operational activities of the United Nations system at the country level, with the aim of strengthening national capacities in the fields of, *inter alia*, policy and programme formulation, development management, planning, implementation, coordination, monitoring and review".

UNFPA programme guidelines mandate country offices that work in over 130 countries specifically to deal with gender-based violence including traditional harmful practice with a gender perspective. At the country as well as regional levels, UNFPA promotes women's human rights and advocates for the elimination of gender-based violence. In addition, UNFPA supports domestication of the Convention on the Elimination of All Forms of Discrimination Against Women, as well as legal framework changes in family laws and codes, which are to contribute to the elimination of violence against women.

Key development regional challenges

In Africa, preventing HIV/AIDS is perhaps the most serious development challenge UNFPA faces in its programmes. The impact of the pandemic has been devastating in some communities. It affects all social classes, but especially the young and the more educated people - precisely those on whom the African countries are depending to lead their social and economic development. Teenage girls are five times more likely to be infected than boys their same age. Also as a result of the pandemic, life expectancy is dropping in some African countries to levels not seen since the 1960s, and infant mortality rates are again on the rise.

In the Arab region some countries have achieved great progress towards slowing population growth and providing accessible reproductive health services. Yet there are others in the region that are still characterized by high population growth rates, largely due to high fertility rates, and young populations, with an average 50 per cent of the population under the age of 25. Also, maternal mortality remains unacceptably high. Eight years after the International Conference on Population and Development (ICPD), millions of women in the

Arab countries still lack access to reproductive health information and quality services. In many countries, the contraceptive mix is skewed towards short-term methods, and a high reliance on unreliable traditional methods results in high incidences of unwanted pregnancies. Moreover, despite many achievements in the area of gender equality and equity, the social and economic status of women and girls remains of concern.

The Asia and Pacific region covers a vast area and is home to the world's two most populous countries as well as some of its least populated countries. South Asia has made significant progress in reducing infant, child and maternal mortality, but persisting inequities in gender and wealth are serious deterrents to social and economic development, and continuing high population growth rates in some countries are neutralizing earlier gains.

The countries of Eastern and Central Europe face unique challenges. The majority of the countries have total fertility rates that are well below replacement levels, causing them serious concerns. The trend towards a decline in population is expected to continue in the years to come. In general, the poor status of reproductive health care in countries with economies in transition is due not to poor access to healthcare services, per se, but to the poor quality of reproductive health information and services provided. HIV/AIDS prevention is another serious challenge, as countries in Central and Eastern Europe and in Central Asia recorded the world's steepest increase in HIV infection from 1995-2001. A third challenge in the region is the dramatic rise in the trafficking of women and young girls.

The Latin America and Caribbean is another diverse region, with some countries close or already surpassing ICPD goals and others far below it. But there are many similarities as well. The region is generally characterized by high rates of maternal mortality, and HIV/AIDS is a rapidly growing problem, particularly in the Caribbean, which has the second highest rates of HIV infection in the world. Relatively low national rates of HIV infection in South and Central American countries mask the fact that the pandemic is already firmly rooted in specific population groups. High levels of poverty and social exclusion, especially among indigenous populations and marginalized groups, also characterize the region.

Collaboration with the United Nations and other international organizations

UNFPA's work with the treaty bodies

The Fund needs strong partnerships, strong political will and practical steps to move forward its mandate. In this respect, in follow-up to the implementation of the ICPD Programme of Action, UNFPA has spearheaded several important initiatives in bringing human rights and its work with the treaty bodies close to home.

The Fund's work with the treaty bodies began in 1996 with the Glen Cove Round Table of Human Rights Treaty Bodies on "Human Rights Approaches to Women's Health, with a Focus on Sexual and Reproductive Health and Rights". The Round Table was jointly organized by UNFPA, OHCHR and the Division for the Advancement of Women (DAW), and was the first occasion on which members of the six human rights treaty bodies met to discuss the interpretation and application of human rights in relation to a specific thematic issue. Treaty committee members were joined at this Round Table by United Nations agencies and bodies,

NGOs and academic institutions. The Round Table outlined the legal and moral framework for recognizing reproductive and sexual health as human rights issues and discussed violations of these rights, as well as ways and means to create awareness on gender issues through the work of the treaty bodies.

Five years later, in June 2001, the UNFPA and the Office of the High Commissioner for Human Rights, with support from the Government of the Netherlands, organized a follow-up meeting to assess progress, obstacles and opportunities in integrating health and reproductive rights into the work of the treaty bodies and to elaborate further measures and strategies to be used by treaty bodies in the monitoring and strengthening of reproductive and sexual health. The meeting defined actions and recommendations to ensure better implementation of treaty obligations at domestic level so as to promote and ensure enjoyment by women and men of reproductive and sexual health.

As follow-up to the Glen Cove+5 meeting, UNFPA has undertaken several other initiatives to support the effective mainstreaming of reproductive and sexual health in the work of the treaty bodies. For this purpose, it has organized briefing sessions on reproductive and sexual health to members of the Human Rights Committee (HRC), the Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Racial Discrimination (CERD). The first two briefings were organized in collaboration with the World Health Organization (WHO). All three briefings have provided information on reproductive and sexual health, and on how reproductive health issues can be integrated in the content and meaning of the provisions set forth in the Covenants.

UNFPA is working on other initiatives, which include a reporting format for UNFPA's preparation of country analyses on population and development issues to be provided to the treaty committees; the development of standard questions on reproductive and sexual health which could be raised during the Committee's dialogue with State Parties; the definition of a specific set of indicators on reproductive and sexual health; a Guidance Note on reproductive and sexual health for the CERD, as well as follow-up on the concluding observations adopted by the treaty bodies. With respect to the latter, the Fund is working with field offices exploring best ways to assist Governments in their implementation of the CESCR concluding observations. UNFPA is also working closely with the CRC in the preparation of the General Comments on HIV/AIDS and on Adolescent Health.

Rights-based capacity building

In terms of human rights capacity-building, UNFPA is undertaking a series of initiatives. A technical note on rights-based programming for field staff; the development of a rights-based chart which sets forth key international human rights and selected provisions from major international legal instruments, as well as references to United Nations conferences which reaffirm governmental consensus on reproductive health issues; and a checklist for field offices on rights-based programming in population and reproductive and sexual health.

As a result of the organizational realignment process which UNFPA initiated to respond to priorities designed to strengthen UNFPA's capacity as the lead agency in implementing the

ICPD and the ICPD+5 agenda and to increase the Fund's relevance in the global campaign to reduce poverty, protect and enhance human rights and promote peace and security has established a new organizational unit called Culture, Gender and Human Rights.

One important regional initiative was the seminar workshop "The Promotion and Protection of Reproductive Rights through the Work of the National Human Rights Institutions for Latin America, the Caribbean and Canada", convened by the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Human Rights (OHCHR), and the Inter-American Institute of Human Rights (IIHR).

The objectives of the seminar were to: (1) analyse the work carried out by the National Human Rights Institutions, as well as other organizations, to promote reproductive rights; (2) examine the existing structures or mechanisms in order to identify the opportunities and the obstacles faced by women in the exercise of their reproductive rights; (3) analyse the ways in which the National Institutions can contribute to the development of an agenda for the promotion and protection of reproductive rights; (4) provide inputs to discuss and exchange experiences on the work undertaken by the National Institutions in the sphere of reproductive rights; and (5) discuss and define concrete proposals to advance in the promotion and protection of women's reproductive rights.

As outcome of the meeting the National Human Rights Institutions adopted a Resolution with general recommendations for action at the national and regional levels. Some of these recommendations are to follow up on the States' implementation, at national level, of their obligations with respect to the international human rights instruments, particularly in the area of reproductive rights, including the recommendations of the human rights committees or commissions and of the organs of protection of the Universal and Inter-American systems; monitor the implementation of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and promote the ratification of its Optional Protocol; strengthen the mechanisms of the National Human Rights Institutions to monitor, as far as their institutional capacities allow, the States' compliance with their commitments to promote and protect reproductive rights; design and implement an information strategy that includes the production of educational and specialized materials on topics such as sexual and reproductive rights; international instruments, national legislation and jurisprudence on this subject; public policy and existing services, and promote the inclusion of sexual and reproductive rights in the agendas of the Ibero-American Ombudsman Federation and the Central American Council of Human Rights Ombudsmen, among others.

The performance of the Fund and other development agencies increasingly is measured against its contribution to the most global concerns, framed within the Millennium Development Goals: eradicating poverty; reducing maternal mortality and morbidity; promoting gender equality; stopping the spread of HIV/AIDS, addressing the root causes of violence, defining and realizing the full range of human rights; and making economic development activities compatible with environmental preservation. UNFPA cannot achieve these goals alone; it needs to strengthen and expand alliances and partnerships to get results.

ECONOMIC, SOCIAL AND CULTURAL RIGHTS (ITEM 4)

The right to health

Reproductive Rights and ICPD

The promotion of human rights has been a major priority for the United Nations Population Fund since it's founding more than 30 years ago. The UNFPA continues to work to strengthen the legal and institutional framework for recognizing reproductive and sexual health rights as human rights; to secure accountability in terms of securing and protecting those rights; and to meet the basic right of every individual to a lifetime of reproductive and sexual health.

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents. The Programme of Action that was adopted by consensus by 179 governments at the 1994 Cairo Conference, and which guides the work of the United Nations Population Fund, states that these rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and the means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

The Fund's work to ensure these rights is firmly grounded in the Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Platform for Action, which in turn are rooted in universally accepted values and ethical principles.

Since the Cairo Conference and its five-year review, the United Nations Population Fund has increased its efforts to support governments and civil society around the world to put in place bold initiatives to delay marriage and pregnancy for girls; to ban harmful traditional practices; to end the tragedy of sexual abuse and violence; to prevent unwanted pregnancy and HIV infection and to close the gap on gender discrimination.

Today birth rates are dropping faster than predicted in many large developing countries such as Brazil, Egypt, India and Mexico. This is not only good news; this is an affirmation of the vision and success of the agenda adopted at the 1994 International Conference on Population and Development. Today women in the developing world are choosing to have half as many children as they did in the late 1960s.

The decline in fertility is due to improved levels of schooling, higher survival rates of children, and better access to contraceptives. When women and couples are given a real choice, they choose to have smaller, healthier families.

Today there are an estimated 120 million couples who would use family planning services now, if they had access to them. Demand for these services is expected to increase by 40 per cent in the next 15 years because of the growing numbers of young people who are now entering their reproductive years.

Concern is magnified in areas that are hard-hit by HIV/AIDS. Due to the devastating impact of the epidemic, older people and particularly older women, are increasingly acting as caregivers for their adult children who have fallen ill, as well as for their orphaned grandchildren. The loss of parents and productive workers in their prime exacerbates hunger and poverty. As part of UNAIDS, the United Nations Population Fund is committed to HIV prevention. We are targeting our interventions to those who are most vulnerable - namely young people and women and mothers. UNFPA is working to close the poverty and gender gaps that help the AIDS virus to spread.

Reproductive health will continue to be a central element of UNFPA's activities. To advance the ICPD agenda, UNFPA will continue to forge a common understanding of reproductive health and rights and to promote the appropriate operationalization of these concepts within different cultural contexts.

The war on poverty will not be won unless we direct more resources to women and reproductive health. Developing countries that have invested in health and education, enabling women to make their own fertility choices, have registered faster economic growth than those that have not. When couples can choose the number, timing and spacing of their children, they are better able to ensure there are enough resources for each family member to prosper and thrive. Today the greatest deficits in access to health services can be found in the poorest segments of the population. By channelling resources to reproductive health care, we can save lives, stabilize population growth, slow the spread of AIDS, reduce poverty and foster gender equality. Let us keep our promise and make that very good investment.

PREVENTION OF DISCRIMINATION (ITEM 5)

(c) Prevention of discrimination and protection of minorities

Action against HIV/AIDS

HIV/AIDS has never before been so high on the political agenda. Yet, today, despite increased awareness and commitment, HIV/AIDS continues to spread and 14,000 people become newly infected every day. Today, half of all new infections occur among young people aged 15 to 24, and young girls are the most vulnerable. In Africa, where HIV/AIDS has hit the hardest, millions of young women, who are highly vulnerable to infection, have never even heard of the deadly disease and many others harbour serious misconceptions about how the virus is transmitted. Teenage girls in some African countries have rates of HIV infection that are five times higher than boys their age. They simply do not have the power to negotiate, as sociocultural norms often relegates them to lower status and value, placing them at considerable disadvantages in terms of their choices and opportunities, decision-making power, as well as their access to resources and goods to protect themselves from unsafe and unwanted sexual relations.

UNFPA has responded to the HIV/AIDS pandemic on various fronts. It identified HIV prevention as an institutional priority, formulated a strategic direction for addressing HIV in its three core programme areas, and developed guidelines for national capacity building. At the

country and regional level, efforts have been intensified to integrate prevention into the reproductive health component of country programmes, especially in the context of adolescent reproductive health.

In Africa, preventing HIV/AIDS is perhaps the most serious development challenge we face in UNFPA programmes. The impact of the pandemic has been devastating in some communities. It affects all social classes, but especially the young and the more educated people - precisely those on whom the African countries are depending to lead their social and economic development. Also as a result of the pandemic, life expectancy is dropping in some African countries to levels not seen since the 1960s, and infant mortality rates are again on the rise.

There is an urgent need for both education and healthcare in the countries of Central and South Asia. Infection rates are rising in the region and greater prevention efforts are urgently needed. India has nearly 4 million citizens living with HIV/AIDS, more than in any other country besides South Africa. Infection rates are also increasing in the Central Asian republics due to injecting drug use and the high incidence of sexually transmitted infection, which increases the risk of HIV infection.

UNFPA's work in HIV prevention is guided by multiple international conventions and agreements that stress rights of women, rights of children, the right to know ones HIV status, the right to have access to knowledge to protect against infection and the right to treatment and care. UNFPA's mandate in reproductive health provides an excellent entry point for prevention activities. These include activities in areas such as family planning, maternal health, voluntary counselling and testing (VCT), condom programming, life skills programmes for young people.

At the global level, the Fund was a key contributor to the United Nations Special Session on HIV/AIDS held in New York from 25 to 27 June. The Fund provided inputs for the Declaration of Commitment on HIV/AIDS, participated in three of the Special Session's four round tables, and organized a high-level panel discussion on gender and HIV/AIDS, chaired by the Executive Director. UNFPA also chaired the United Nations Joint Programme on HIV/AIDS (UNAIDS) Committee of Co-sponsoring Organizations, where it revitalized the issue of support to United Nations staff and dependants living with HIV/AIDS, encouraged greater accountability in collaborative mechanisms, and represented the UNAIDS Co-sponsors during the development of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Regional initiatives included participation in the European Commission/UNFPA Initiative for Reproductive Health in Asia (RHI), which is designed to improve reproductive health information and services in seven Asian countries, and a joint advocacy initiative with UNAIDS to raise awareness, political commitment and financial support among the leaders of countries in sub-Saharan Africa. UNFPA also received the first disbursement of the $56.7 million pledged by the Bill and Melinda Gates Foundation to reduce the incidence of HIV/AIDS among young people in Botswana, Ghana, Uganda and the United Republic of Tanzania.

UNFPA firmly believes that the only way to control the spread of HIV is by strengthening reproductive health services for women as well as men, and making HIV prevention and AIDS treatment an integral part of reproductive health care. Access to

reproductive health information and services in the next decade will determine whether the HIV/AIDS pandemic can be stopped. In the absence of a cure or a vaccine, only responsible sexual behaviour among both women and men can prevent the spread of infection.

OTHER HUMAN RIGHTS ISSUES (ITEM 6)

(a) Women and human rights

Gender mainstreaming is a priority for the Fund in its core programme areas, in its operations in emergency situations, and within the organization itself. To build national capacities to incorporate gender issues into programming at the country level, efforts are undertaken to strengthen the technical capacity of UNFPA's Country Support Teams. Related activities include the development of a comprehensive training manual on gender, population and development. The Fund has produced and piloted *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*, which addresses ways to incorporate approaches to gender-based violence into reproductive healthcare planning. Studies have been conducted on female genital cutting and violence against women and girls, and a strategy was developed for the integration of a gender perspective in conflict situations. The Fund continued to support special initiatives by other United Nations agencies aimed at empowering women and girls and eradicating female genital cutting and other harmful practices. It has also participated in inter-agency task forces on women, peace and security; gender mainstreaming in programme budgets; and mainstreaming a gender perspective in United Nations Common Country Assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs).

Since gender mainstreaming is about men as well as women, UNFPA undertook a comprehensive review of issues and experiences in partnering with men in issues related to reproductive health, including the prevention of violence against women. The Fund drew attention to the need to better understand socialization processes and stereotypical interpretations of masculine behaviour, and made recommendations regarding data collection, service delivery, advocacy and behaviour change, and approaches for involving adolescent males. These findings and recommendations were consolidated into the technical paper *Partnering: A New Approach to Sexual and Reproductive Health*, which was disseminated to UNFPA country offices and partners to help build national capacities to programme for male involvement.

The following are examples of UNFPA's work in integrating women's human rights and a gender perspective in the efforts to eliminate violence against women at the global and regional levels, which complements and strengthens country projects/programmes by creating supportive environment and strengthening national and local capacity.

"TOT Gender Workshop in Gender Integration" (2001)

Training of trainer's manual in gender, population and development, which includes gender-based violence (GBV), was developed and training was conducted for gender advisors and sociocultural specialists of UNFPA Country Support Teams in order to enhance their capacity to integrate gender concerns including GBV in population and development programmes.

"Gender Mainstreaming in Health" (2001-present)

UNFPA collaborates with the Medical Women's International Association (MWIA) in mainstreaming gender and gender issues including gender-based violence in health in all regions. Training manual is being developed and RH professionals will be trained, gaining understanding of gender-differentiated health determinants for men and women.

"Strengthening the Capacity of Health Sector to Address Gender-Based Violence" (2000-present)

A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers" was developed to mainstream a gender perspective and guide healthcare professionals who might handle gender-based violence. The guide is being field-tested in Guatemala, Lebanon, Lithuania, Mozambique, Nepal, Rumania and Sri Lanka.

"Eradicating Harmful Practices: Strengthening Local Capacities for the Prevention of FGM" (2001-present)

This is to develop a common training methodology and mainstream a gender-sensitive fight against FGM in reproductive health and poverty programme. Phase 1 covers Africa region (Burkina Faso, Mali, Guinea and Benin). It is executed by AIDOS (Italian Association for Women in Development).

"Consultative meeting on trafficking (tentative)" (2002)

UNFPA is preparing a consultative meeting on trafficking, covering Africa, Asia and Eastern Europe regions, which has been raised as one of the issues related to GBV. This is to increase understanding of trafficking, especially from a gender point of view, and identify policy and legal gaps. Multisectoral network will be built to address the problem.

In Kenya, an UNFPA-funded project, implemented by Maendaleo Ya Wanawake Organization (MYWO), has contributed to protecting women and girls' human rights and eliminating a traditional practice that is harmful to women and girls' health. Communities were encouraged to develop an alternative ritual and values for FGM/FGC, while keeping positive cultural and traditional rituals and values in the new rite without incorporating the practice of FGM/FGC. In addition, the involvement of influential women leaders, public meetings with chiefs and other community leaders as well as counselling for girls was emphasized. As a result, none of the girls who have undergone the alternative ritual have revised their stand against FGM/FGC.

This project highlighted that changing a culturally rooted harmful practice and their attitudes towards women's human rights while maintaining positive cultural and traditional values requires extensive sensitization of various people who are influential and involved such as community leaders, women leaders, mothers, daughters, anti-FGM peer education groups, and counsellors, and more importantly, active participation of the whole community. In addition, sharing good practices from neighbouring countries enriches the programmes and strategies.

Migrant workers

UNFPA continues to focus on addressing violence against women migrant workers within its work. One of the UNFPA's focuses is the prevention of gender-based violence by working with policy-makers and through education for girls. UNFPA also tackles this issue by dealing with post-trafficked women, since trafficking of women and girls are closely linked with migration issues. UNFPA provides basic reproductive healthcare services and counselling for HIV/AIDS and psychological trauma. UNFPA supports capacity building and strengthening of non-governmental organizations (NGOs) in advocacy and service provision.

Among the categories of violence against women migrant workers, UNFPA is particularly concerned about trafficking in general, youth, especially women for the purpose of economic and sexual exploitation that affects women's sexual and reproductive health. UNFPA is in the process of developing a systematic, gender-sensitive approach to the issue of trafficking of women and girls. UNFPA is preparing for a consultative meeting on trafficking, which is planned for the year 2002, in order to increase understanding of the issue, build multisectoral network to effectively address the issue, and come up with regional, subregional and country strategies for UNFPA as well as other United Nations agencies, governments and NGOs.

Mass exoduses and displaced persons

UNFPA makes efforts to promote and protect human rights of mass exoduses and displaced persons with particular attention to women and girls, both through UNFPA's emergency response and regular programmes. In order to strengthen UNFPA's capacity to ensure to include gender and human rights perspectives, UNFPA Gender Issues Branch organized the "Consultation Meeting on the Impact of Conflict on Women and Girls" (13-16 Nov 2001, Bratislava). This has helped to obtain deeper understanding of gender differentiated impacts of conflicts on women and girls including refugees and displaced women and girls and best react to women's unmet needs in conflict situations as a development agency.

Other vulnerable groups

Adolescent girls are often very vulnerable to violations of human rights. UNFPA continues to contribute to promoting and protecting their human rights especially through advocacy and empowerment of adolescent girls. For example, in Botswana, there was a recent project that has contributed to the empowerment of adolescent girls and gender sensitization of the government and NGOs. More than 5,000 teenage students and girls who have left school because of pregnancy were reached in reproductive health education and counselling services, using a community-based approach through peer networks. They were sensitized with different options in life and empowered to make choices by themselves. This project was made possible because of the strategic partnerships involving youth, the government and NGOs, which has increased the number of life options available to youth girls, increased quality of vocational and other training and increased number of employment openings.